

DACOWITS RECOMMENDATION FOR NOMINATION

Privacy Act Statement

AUTHORITY: 10 USC 133; EO 9397

PRINCIPAL PURPOSE: To provide background information on nominees to determine qualification for membership and ultimate selection as a DACOWITS member.

ROUTINE USE(S): None

DISCLOSURE: Voluntary, however, if requested information is not obtainable from other sources, the individual's chances for selection may be jeopardized.

1. NAME (Last, First, Middle)	2. PREFERRED SALUTATION (e.g. Ms., Mrs., Dr., or Mr.)	3. TELEPHONE (Include Area Code)
4. ADDRESS (Street, City, State, and Zip Code)	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH (YYMMDD)
	7. PLACE OF BIRTH (City and State)	

8. POPULATION GROUP (X one)					
	a. WHITE		c. HISPANIC		e. ASIAN AMERICAN / PACIFIC ISLANDER
	b. BLACK		d. NATIVE AMERICAN / ALASKA NATIVE		f. OTHER (Specify)

9. PRESENT EMPLOYER	
10. BUSINESS ADDRESS (Street, City, State, and Zip Code)	11. TITLE OF POSITION
	12. BUSINESS TELEPHONE (Include Area Code)

13. SCHOOLS OR COLLEGES ATTENDED (List schools or colleges attended beginning with the most recent.)		
a. NAME OF SCHOOL/COLLEGE	b. DATES OF ATTENDANCE / COMPLETION (YYMMDD)	c. DEGREES AWARDED (Individual area of concentration)

14. ARMED SERVICE (If applicable)		
a. BRANCH	b. DATES (YYMMDD)	c. RANK (Enter highest grade attained.)

The following information would be helpful in selection and should be listed, if known. THE CANDIDATE BEING NOMINATED SHOULD NOT BE APPRISED THAT HE OR SHE IS BEING CONSIDERED FOR APPOINTMENT TO THE COMMITTEE.

Attach an addendum sheet if more space is needed. Information should be complete and accurate.

15. WORK EXPERIENCE (List the positions held with business, professional, or other organizations during the past 10 or more years, beginning with the most recent.)

a. TITLE OF POSITION	b. NAME OF EMPLOYER'S ORGANIZATION

16. MEMBERSHIP IN ASSOCIATIONS, SOCIETIES, AND CLUBS (Indicate any business, professional, scientific, social, or voluntary affiliates of which he or she is or has been a member beginning with the most recent. Indicate offices held and inclusive dates of membership.)

a. NAME OF AFFILIATE	b. OFFICE HELD	c. DATES (YYMMDD)

17. HONORS/AWARDS (Indicate any honors/awards received, e.g., Who's Who, Outstanding young Women, honorary degrees, Phi Beta Kappa, recognition from various newspapers, periodicals, or organizations.)

a. TITLE	b. YEAR OF PUBLICATION

18. PUBLICATIONS (List any books, articles, papers, etc. published and cite dates of publications.)

a. FULL NAME (Last, First, Middle)	b. PLACE OF BIRTH (City and State)	c. DATE OF BIRTH (YYMMDD)

20. CHILDREN (Indicate the name and age of each child)

a. NAME	b. AGE	a. NAME	b. AGE

22. NOMINATING ORGANIZATION OR INDIVIDUAL

a. NAME	b. TITLE OF POSITION (If applicable)
c. MAILING ADDRESS (Street, City, State, and Zip Code)	d. TELEPHONE (Include Area Code)